

**Attachment A**  
**Safe Haven Task Force**  
**RECOMMENDATIONS TO THE**  
**LOS ANGELES COUNTY BOARD OF SUPERVISORS**  
**Endorsed by the Task Force on May 9, 2002**

**RECOMMENDATION 1:** Request the District Attorney and County Counsel—in consultation with the Children’s Planning Council (CPC), the Interagency Council on Child Abuse and Neglect (ICAN), the Hospital Association of Southern California (HASC), and other appropriate entities—to: (a) develop recommendations for amendments to the Newborn Abandonment Law—SB 1368 (“Safe Haven Law”) that can contribute to its more effective implementation, including: (1) assuring the confidentiality and exploring the potential for the anonymity of the parent, (2) requiring all hospitals with emergency rooms and all other designated Safe Haven Sites to post uniform identifying Safe Surrender Site markers, (3) considering extending the age of a newborn who can be safely surrendered from 72 hours to five days old, (4) expanding the designation of safe-surrender sites to include, at a minimum, hospitals without emergency departments and County fire stations, and (5) expanding the “Good Samaritan Law” to include adults who assist others to safely surrender their babies; and (b) work with the California State Department of Social Services (CDSS) and other California counties’ representatives on a State-convened task force to finalize a legislative package to effect these amendments to SB 1368.

An analysis of the Safe Haven Law reveals the need to clarify certain of its aspects related to safeguarding the confidentiality of parents who safely surrender their babies. There may also be opportunities to enhance the prevention aspects of the law. CDSS has invited Los Angeles County to participate with the State and other counties to develop a legislative package to work on amendments in both of these areas.

The Task Force is recommending that the legislative package include:

1. Confidentiality: Many women who abandon their babies have an overwhelming desire to keep their pregnancies a secret. One of the goals of the Safe Haven Law is to protect the identities of surrendering parents to encourage them to safely surrender rather than abandon their newborns. This is a key reason for the law’s provision for confidentiality and freedom from prosecution when a newborn is safely surrendered. Since children who are safely surrendered are eligible for adoption, the provisions for confidentiality in the Safe Haven Law need to be clarified related to other legal requirements for due diligence to determine the identities of parents when a child has been placed for adoption. While guaranteeing the confidentiality of the parent surrendering the newborn is essential, total

anonymity may compromise the rights of the child, the non-surrendering parent, or any other party with rights regarding the placement of a child for adoption. This aspect of the recommendation seeks to assure the confidentiality and explore the potential for protecting the anonymity of the surrendering parent without violating others' rights.

2. Uniform Site Designation Markers: Currently, there is no uniform Safe Haven Site designation marker. Markers with a simple logo unique to Safe Haven Sites and appropriate text would facilitate site identification and location.
3. Extending the Safe Surrender Period: Currently, the law allows for a parent to safely surrender a newborn within the first 72 hours of its life without fear of prosecution. This 72-hour provision may limit the time a mother has to recover from childbirth and for parents to make an informed decision about the baby. Given the complexity of the postpartum period, parents should be allowed up to five days to decide whether or not to safely surrender their child.
4. Expanded State Site Designation: Currently, only hospitals with emergency departments are designated by the law as Safe Haven Sites, which provides them with certain legal safeguards. Amending the State law to include hospitals without emergency departments, fire stations, and other appropriate sites will extend the Safe Haven Law's legal protections to additional sites, and help to expand access for safe surrenders.
5. Expanding Coverage of the "Good Samaritan Law": Fear of litigation may discourage some individuals from helping parents to safely surrender their babies. Extending the "Good Samaritan Law" to cover these "Good Samaritans" could increase the number of people willing to assist with safe surrenders, and facilitate implementation of the Safe Haven Law.

**RECOMMENDATION 2:** Consider designating the following public entities as Safe Haven Sites in Los Angeles County: (a) County and municipal fire stations, (b) County hospitals without emergency departments, (c) County health clinics, and (d) the County’s Emergency Medical Teams (EMTs); and instruct the County Fire Chief and the Director of Health Services (DHS)—in consultation with the Sheriff, the Los Angeles County Police Chiefs’ Association, and the Los Angeles Area Fire Chiefs’ Association—to determine the feasibility of implementing these new Safe Haven Sites, including a timeline and cost considerations, and report back to the Board within 60 days.

Creating additional Safe Haven Sites is an essential element in the Task Force’s recommended approach to improving access to places where parents may safely surrender their babies. Currently, only hospitals with emergency departments are State-designated sites. However, the Safe Haven Law allows the Board of Supervisors to designate additional Safe Haven Sites within the County.

The organizations named in this recommendation are included because they all have trained staff who can determine the physical condition of the baby and provide immediate medical care for the baby as well as for the mother. In addition, fire stations, hospitals without emergency departments, and EMTs are all available 24 hours a day, seven days a week. Although County health clinics are not always open, they are open according to regular schedules that are posted at all public entrances. The Task Force determined that these clinics’ convenient locations within communities, their smaller size, and their greater accessibility would offset any drawback from their limited hours of operation.

By including EMTs among the Safe Haven Sites, members of the community who want to assist with a safe surrender would have a simple and safe way to do so. A Good Samaritan could call “911” on behalf of the parent, and wait with that parent until the EMT safely received the surrendered baby.

**RECOMMENDATION 3: Request the Los Angeles County Children and Families First–Proposition 10 Commission (Prop 10 Commission)—in consultation with the directors of the departments of Children and Family Services (DCFS), DHS, Mental Health (DMH), Fire, the CPC, ICAN, LACOE, HASC, religious leaders, and other appropriate organizations, and in collaboration with local, regional, and State agencies—to: (a) develop and support the implementation of a regionally consistent Safe Haven Public Information Campaign that conveys a prevention-oriented message about California’s Safe Haven Law, and (b) identify ways to evaluate the effectiveness of that campaign.**

Another fundamental part of the recommended approach is a broad-based public information campaign. The Task Force believes that one of the factors limiting the successful implementation of the Safe Haven Law is a general lack of knowledge about the law and where and how to safely surrender a baby. An important step to overcoming the problem of abandoned babies is building knowledge about the Safe Haven Law among a critical mass of both service providers and the general public.

The approach envisions a private/public collaborative that will develop a regionally consistent campaign with a prevention-oriented message regarding the Safe Haven Law. The collaborative group will oversee the campaign’s implementation and track its effectiveness. The mass-media campaign will coordinate with local and regional media outlets and County and community agencies, be consistent with the State’s effort, and incorporate the following elements:

- A target population that includes all women of childbearing age and people who interact with those women—families, friends, school personnel, service providers, law enforcement, staffs of community and faith-based organizations, etc.
- A clear and consistent message that is nonjudgmental and informative about the law and where and how to safely surrender an infant, and that emphasizes confidentiality
- A culturally sensitive approach delivered in, at a minimum, the Board-adopted threshold languages for Los Angeles County
- A regional focus conducted in collaboration with the counties adjoining Los Angeles County
- A multi-media approach that includes newspapers, magazines, television, radio, the Internet, billboards, buses and bus benches, and discreet posters, placards and take-away cards, etc., placed in strategic locations that include local outlets such as beauty salons, swap meets, grocery stores, community support programs, etc.

- A community-capacity–building approach that capitalizes on the resources of community agencies and service providers, faith-based organizations, public health and human services agencies, schools and colleges, parent-teacher organizations, etc.

The Task Force is requesting that the public/private collaborative assess the concept of a targeted message geared specifically for parents who are on the verge of abandoning their babies in trash bins or dumpsters. The message would provide information about the Safe Haven Law and where and how to safely surrender a baby, and give a confidential telephone number to call for more information. This information would be on stickers or placards placed strategically on trash bins or dumpsters.

By promoting a multifaceted public information campaign, the Task Force believes we can, over time, increase the general public’s knowledge about the law and how and where to safely surrender a baby.

***RECOMMENDATION 4: Instruct the Director of DCFS—in consultation with the directors of DHS, DMH, Fire, the Prop 10 Commission, and HASC—to develop a standardized training module to be used to educate staff and the families served by their agencies about the Safe Haven Law.***

This standardized training module would include information on: (1) the location of Safe Haven sites; (2) available prevention and support programs; (3) the social, cultural, and psychological aspects of childbearing; (4) specific health and legal details for staff likely to receive safely surrendered babies; and (5) effective techniques for assisting women who may be concealing or denying their pregnancies.

The standardized training should have appropriate audio-video supports and handout materials for organizations to adapt so they will be culturally and linguistically effective. This curriculum should also be used to augment existing psycho-educational curricula in parenting classes, adult and teen support groups, and other early intervention/prevention programs that address such related issues as child abuse, teen pregnancy prevention, teen fathers, etc. It should be incorporated into all programs serving women of childbearing age and their families, and folded into the overall goal of having healthy births.

**RECOMMENDATION 5:** Instruct the directors of all County education, health, justice, mental health, and social service organizations, including the directors of their contracted agencies, to: (a) engage appropriate staff in discussions about the Safe Haven Law as part of their annual in-service staff education programs; (b) on an ongoing basis, engage women of child-bearing age and their families in discussions about the Safe Haven Law, options for assuring the well-being of their babies, and support programs available to them; and (c) request that the directors of all community- and faith-based educational, health, mental health, and social service organizations engage their staffs and the families they serve in these same educational activities.

To fully support women and their families, providers who serve them must be knowledgeable about the psychosocial aspects of childbearing and options available to women in crisis. This is especially true when providers are serving women who are concealing or denying their pregnancies. Service providers need to proactively promote their programs and services for parents at risk and to utilize those service opportunities, whether one-on-one or in group situations, to inform parents about the Safe Haven Law and multiple options available to them, including safe surrendering.

This educational component, which would use the standardized training module referenced in Recommendation 4, is one important way to specifically reach women and families at risk, while simultaneously increasing the general public's knowledge of the Safe Haven Law.

Those who are most likely to need this information include Safe Site staffs; personnel in education, judicial, and security employment; emergency workers, including "911" dispatchers; health providers and their support personnel; and social and welfare workers.

**RECOMMENDATION 6:** Request the Acting Superintendent of LACOE to work with the State Superintendent of Instruction, State Board of Education, and the California State PTA to develop or augment curricula on healthy sexual development for middle- and high-school students, including information about pregnancy prevention and teen pregnancy; the Safe Haven Law; where and how to safely surrender a baby; related support programs; the social, cultural, and psychological factors influencing women's attitudes about pregnancy and childbirth, and the unique physical and psychosocial aspects of childbearing.

Educating all middle- and high-school students about options available to women who have unplanned pregnancies, including safe surrendering, is another way to reach teenagers who are at risk for abandoning their babies.

**RECOMMENDATION 7:** Instruct the Chief Information Officer to incorporate into the soon-to-be-operational Countywide Web Portal an Internet-accessible link with basic information about health, mental health, and social service organizations that provide prevention and intervention services to women and families at risk for abandoning their babies.

The Countywide Web Portal can provide community and County service providers, and all hotline and warm line staffs, with a readily available resource to obtain the information they need to help women and their families access services. To the maximum extent possible, this information should be made available by geographic location and linguistic/cultural capabilities, employing the County's current and future Geographic Information System (GIS) technology infrastructure and other Web-accessible services (Infoline, for example).

**RECOMMENDATION 8:** Instruct the directors of the County departments and agencies that fund or administer hotlines/warm lines, and request other organizations that administer hotlines/warm lines, to assure that these services provide information regarding the Safe Haven Law and support services available for women and families at risk for abandoning their infants, or who feel they are not able to keep or care for their babies.

Involving hotline and warm line staffs is an integral part of the public information effort. Since many women who are at risk wish to remain anonymous, these staffs are in unique and strategic positions to inform women about how to safely surrender their babies, and to help them to locate the medical and psychosocial support they need.

**RECOMMENDATION 9:** Request that ICAN—with input and support from its public and private members—the CPC, faith-based organizations, and the Prop 10 Commission establish a Speaker’s Bureau to provide speakers who can make presentations to service providers and community groups about the Safe Haven Law and the support programs available for women and families at risk for abandoning their babies.

The Speaker’s Bureau is another important support to the overall public information campaign. Volunteer speakers would use the standardized training module as a basis for their presentations, tailoring their speeches to the unique needs of various audiences, such as health, mental health, social service, educational, and philanthropic organizations. This is a relatively easy way to increase the general public’s knowledge about the Safe Haven Law and the safe-surrendering process.

**RECOMMENDATION 10:** Instruct the Director of the Department of Human Resources, with support from the directors of all County departments and agencies, to inform all current and new County employees about the Safe Haven Law, its implementation in Los Angeles County, and where and how to safely surrender a baby.

Informing the County’s more than 85,000 employees about the Safe Haven Law will help to increase the general public’s knowledge of the safe-surrender option and will greatly facilitate the public information effort.

**RECOMMENDATION 11:** Instruct the Director of the Internal Services Department (ISD) and County Counsel, with the support of the Chief Administrative Office (CAO), to explore the feasibility of ensuring that all new and renewed County contracts stipulate that each staff person in that contract organization be provided with information about the Safe Haven Law, its implementation in Los Angeles County, and where and how to safely surrender a baby, and report back to the Board with an implementation plan, timeline, and cost considerations within 60 days.

Consistent with the justification for Recommendation 10, informing all County contract personnel about the Safe Haven Law will further the effort to increase the general public’s knowledge of the Safe Haven Law and the safe-surrender option.



**RECOMMENDATION 12:** Request that ICAN—with the support of the Director of DCFS and input from the District Attorney’s Office—and the directors of DHS and DMH identify a key set of data elements that will be collected regarding all newborns safely surrendered or abandoned in Los Angeles County, consistent with State instructions for data collection through the Child Welfare System/Case Management System, and report back to the Board with an implementation plan, timeline, and cost considerations for collecting these data within 60 days.

As detailed in *Data on Abandoned Newborns: Los Angeles County, 1999–2001*, the Department of Health Services’ report to the Safe Haven Task Force, data on abandoned babies is not systematically collected and is therefore limited. This lack of information complicates efforts to design a more effective approach to implementing the Safe Haven Law, and also hinders any ability to assess the Law’s effectiveness. This recommendation calls for the uniform collection and tracking of key data elements to evaluate the effectiveness of the various aspects of the multifaceted approach that has been proposed by the Task Force.